



## PHYSICIAN ORDERS FOR STUDENTS WITH DIABETES

DATE OF ORDERS: \_\_\_\_\_ EFFECTIVE SCHOOL YEAR: 2008-2009

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

### STUDENT'S DOCTOR/HEALTH CARE PROVIDER

NAME: \_\_\_\_\_ OFFICE TELEPHONE: \_\_\_\_\_

EMERGENCY TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

### HYPOGLYCEMIA (LOW BLOOD SUGAR)

Blood glucose level: Below 80 mg/dl

Treatment of hypoglycemia: Give 15 grams of fast acting sugar (3or 4 glucose tabs OR 4 oz. of juice OR 3 tsp sugar)

Recheck blood glucose after fifteen minutes, repeat if necessary.

Yes / No Follow with 15 gram mixed snack if not a regular snack or mealtime.

### ADMINISTRATION OF GLUCAGON

Dosage: 0.5/1.0 mg, IM

Glucagon should be given if the student is unconscious, having a seizure, or unable to swallow.

If glucagon is required, administer it promptly. Then, call 911 and the parent(s)/guardian.

### HYPERGLYCEMIA (HIGH BLOOD SUGAR)

Blood glucose level: Above 300 mg/dl

Student should be allowed free access to liquids and the bathroom. Food should NOT be withheld. Student should NOT be excluded from school.

☐ No treatment is necessary for hyperglycemia without moderate or large ketones.

### CHECKING FOR URINE KETONES

Urine should be checked for ketones if student has hyperglycemia, feels ill, or is vomiting.

Treatment for moderate or large ketones: Parent/health care provider should be contacted for further management.

### BLOOD GLUCOSE MONITORING

Yes / No prior to meals

Yes / No two hours after meals

Yes / No prior to exercise

Yes / No other \_\_\_\_\_

### EXERCISE/SPORTS

Student should not exercise if blood glucose level is below \_\_\_\_\_ mg/dl, above \_\_\_\_\_ mg/dl or if moderate or large ketones are present. A fast acting carbohydrate such as glucose tablets or fruit juice should be available at the site.

Yes / No Pretreatment required: \_\_\_\_\_ grams of carbohydrates prior to recess/gym class if blood glucose < \_\_\_\_\_ mg/dl.

## INSULIN ADMINISTRATION ORDERS

☐ Student does not require insulin within school hours. His/her typical morning dose is \_\_\_\_\_.

☐ Student receives multiple daily injections

Insulin/carbohydrate ratio(s): \_\_\_\_\_

Correction factor(s): \_\_\_\_\_

Yes / No Student may self-administer insulin without supervision.

## INSULIN PUMP THERAPY

Type of pump: \_\_\_\_\_

Type of insulin in pump: \_\_\_\_\_

Type of infusion set: \_\_\_\_\_

Basal rates: \_\_\_\_\_

Insulin/carbohydrate ratio(s): \_\_\_\_\_

Correction factor(s): \_\_\_\_\_

Pump manufacturer hotline: \_\_\_\_\_

## STUDENT PUMP ABILITIES/SKILLS

### INDEPENDENT

### NEEDS ASSISTANCE

Bolus correct amount for carbohydrates consumed

\_\_\_\_\_

\_\_\_\_\_

Calculate and administer corrective bolus

\_\_\_\_\_

\_\_\_\_\_

Calculate and set temporary basal rates

\_\_\_\_\_

\_\_\_\_\_

Disconnect/reconnect pump

\_\_\_\_\_

\_\_\_\_\_

Insert infusion set

\_\_\_\_\_

\_\_\_\_\_

Troubleshoot alarms and malfunctions

\_\_\_\_\_

\_\_\_\_\_

## DIABETES SUPPLIES

Students are responsible for providing all appropriate diabetes supplies to the school nurse teacher, including, but not limited to: insulin, syringes, test strips, pump supplies, glucose tabs, glucagon emergency kit.

\_\_\_\_\_  
Student's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Physician/Health Care Provider

\_\_\_\_\_  
Date

